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A CASE OF STAB WOUND OF THE ABDOMEN, WITH WOUND OF THE INTESTINE; PROTRUSION OF THE INTESTINE THROUGH THE WOUND; OPERATION; RECOVERY.[1]

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At about three o'clock in the morning of the 13th of last February, I was called to the City Hospital to attend the case of a man, aged twenty-five, who had been stabbed in the abdomen with a pocket-knife. On reaching the hospital soon after this I found the patient lying upon the accident table, with a wound, about two inches long, in the right iliac region. Through this wound protruded small intestines and a bit of omentum, making a mass of about the size of an infant's head. There was a wound in the intestine from which was exuding from time to time small amounts of liquid feces. This wound was about half an inch long, and was situated on that part of the intestine which is opposite to the mesenteric attachment. Its direction was diagonal to the axis of the gut. The exposed intestines were much injected, and were glued together by exudation. There had been a moderate hemorrhage only.

The man's general condition was fairly satisfactory, considering the nature of the injury. He was very pale and restless. The pulse was about 100, and moderately strong. I was told that he had been

[1] Case reported at the Surgical Section of the Suffolk District Medical Society, May 1, 1895.

stabbed by another man about three hours before I saw him; and that the bowels had protruded soon after the injury, and had remained in that position.

After the patient was etherized, the bowels were carefully cleansed with warm sterile water, and the intestinal wound sewed up with interrupted Lembert sutures of fine silk. The abdominal wound was then enlarged upwards and the gut and omentum gently pulled down and examined. After the whole mass had been again irrigated, it was returned to the abdominal cavity. The abdominal wound, which was then seen to be somewhat jagged, was trimmed and stitched up with three layers of silk sutures, and a firm bandage was applied.

The temperature on the evening of the first day after the operation was 100°; after this it sank to normal, where it stayed until the evening of the fourth day, when it rose to 101°. After this it rapidly came down to normal, where it remained. The pulse just after the operation was 124, and on the next evening 136. Its frequency then gradually lessened, and it remained within normal limits during the further progress of the case.

The bowels moved of themselves on the second day, after which there was a daily movement nearly every day, an enema being occasionally called for.

For the first three days the man was fed almost entirely by the rectum, and nourishment by the mouth was begun on the fourth day.

The wound was dressed for the first time on the ninth day. Firm union had taken place, except in one spot where a small slough had formed near one of the stitches.

About five weeks after the operation the man sat up, and about two weeks later he was discharged from the hospital, with a shallow sinus, at the point where

the sloughing had occurred. For this sinus he is now being treated at the out-patient department.

The protrusion of the wounded intestine was in this case undoubtedly a fortunate circumstance, as the liquid feces which escaped from the wound in the gut did not enter the abdominal cavity. It was likewise fortunate for the same reason that no attempt was made on the part of those who first saw the case to reduce the mass before the intestinal wound had been closed and the peritoneal surface of the bowel thoroughly cleansed.

The case seems especially interesting in view of the fact that adhesive peritonitis had already taken place around the extruded bowels to a sufficient extent to cause their agglutination, while they were still outside of the abdominal cavity.